

Index of Claims



Application/Control No.

10/649,338

Examiner

Yvonne M. Horton

Applicant(s)/Patent under
Reexamination

SCHIPANI ET AL.

Art Unit

3635

| | |
|---|----------|
| ✓ | Rejected |
| = | Allowed |

| | |
|---|--------------------------------|
| — | (Through numeral) Cancelled |
| ÷ | Restricted |

| | |
|---|--------------|
| N | Non-Elected |
| I | Interference |

| | |
|---|----------|
| A | Appeal |
| O | Objected |

| Claim | | Date | | | | | | | | | |
|-------|----------|------|--|--|--|--|--|--|--|--|--|
| Final | Original | | | | | | | | | | |
| | 3/15/97 | | | | | | | | | | |
| 1 | ✓ | | | | | | | | | | |
| 2 | ✓ | | | | | | | | | | |
| 3 | ✓ | | | | | | | | | | |
| 4 | ✓ | | | | | | | | | | |
| 5 | ✓ | | | | | | | | | | |
| 6 | ✓ | | | | | | | | | | |
| 7 | ✓ | | | | | | | | | | |
| 8 | ✓ | | | | | | | | | | |
| 9 | ✓ | | | | | | | | | | |
| 10 | ✓ | | | | | | | | | | |
| 11 | ✓ | | | | | | | | | | |
| 12 | ✓ | | | | | | | | | | |
| 13 | ✓ | | | | | | | | | | |
| 14 | ✓ | | | | | | | | | | |
| 15 | ✓ | | | | | | | | | | |
| 16 | ✓ | | | | | | | | | | |
| 17 | ✓ | | | | | | | | | | |
| 18 | ✓ | | | | | | | | | | |
| 19 | ✓ | | | | | | | | | | |
| 20 | ✓ | | | | | | | | | | |
| 21 | ✓ | | | | | | | | | | |
| 22 | ✓ | | | | | | | | | | |
| 23 | ✓ | | | | | | | | | | |
| 24 | ✓ | | | | | | | | | | |
| 25 | ✓ | | | | | | | | | | |
| 26 | ✓ | | | | | | | | | | |
| 27 | | | | | | | | | | | |
| 28 | | | | | | | | | | | |
| 29 | | | | | | | | | | | |
| 30 | | | | | | | | | | | |
| 31 | | | | | | | | | | | |
| 32 | | | | | | | | | | | |
| 33 | | | | | | | | | | | |
| 34 | | | | | | | | | | | |
| 35 | | | | | | | | | | | |
| 36 | | | | | | | | | | | |
| 37 | | | | | | | | | | | |
| 38 | | | | | | | | | | | |
| 39 | | | | | | | | | | | |
| 40 | | | | | | | | | | | |
| 41 | | | | | | | | | | | |
| 42 | | | | | | | | | | | |
| 43 | | | | | | | | | | | |
| 44 | | | | | | | | | | | |
| 45 | | | | | | | | | | | |
| 46 | | | | | | | | | | | |
| 47 | | | | | | | | | | | |
| 48 | | | | | | | | | | | |
| 49 | | | | | | | | | | | |
| 50 | | | | | | | | | | | |

| Claim | | Date | | | | | | | | | |
|-------|----------|------|--|--|--|--|--|--|--|--|--|
| Final | Original | | | | | | | | | | |
| | 51 | | | | | | | | | | |
| | 52 | | | | | | | | | | |
| | 53 | | | | | | | | | | |
| | 54 | | | | | | | | | | |
| | 55 | | | | | | | | | | |
| | 56 | | | | | | | | | | |
| | 57 | | | | | | | | | | |
| | 58 | | | | | | | | | | |
| | 59 | | | | | | | | | | |
| | 60 | | | | | | | | | | |
| | 61 | | | | | | | | | | |
| | 62 | | | | | | | | | | |
| | 63 | | | | | | | | | | |
| | 64 | | | | | | | | | | |
| | 65 | | | | | | | | | | |
| | 66 | | | | | | | | | | |
| | 67 | | | | | | | | | | |
| | 68 | | | | | | | | | | |
| | 69 | | | | | | | | | | |
| | 70 | | | | | | | | | | |
| | 71 | | | | | | | | | | |
| | 72 | | | | | | | | | | |
| | 73 | | | | | | | | | | |
| | 74 | | | | | | | | | | |
| | 75 | | | | | | | | | | |
| | 76 | | | | | | | | | | |
| | 77 | | | | | | | | | | |
| | 78 | | | | | | | | | | |
| | 79 | | | | | | | | | | |
| | 80 | | | | | | | | | | |
| | 81 | | | | | | | | | | |
| | 82 | | | | | | | | | | |
| | 83 | | | | | | | | | | |
| | 84 | | | | | | | | | | |
| | 85 | | | | | | | | | | |
| | 86 | | | | | | | | | | |
| | 87 | | | | | | | | | | |
| | 88 | | | | | | | | | | |
| | 89 | | | | | | | | | | |
| | 90 | | | | | | | | | | |
| | 91 | | | | | | | | | | |
| | 92 | | | | | | | | | | |
| | 93 | | | | | | | | | | |
| | 94 | | | | | | | | | | |
| | 95 | | | | | | | | | | |
| | 96 | | | | | | | | | | |
| | 97 | | | | | | | | | | |
| | 98 | | | | | | | | | | |
| | 99 | | | | | | | | | | |
| | 100 | | | | | | | | | | |

| Claim | | Date | | | | | | | | | |
|-------|----------|------|--|--|--|--|--|--|--|--|--|
| Final | Original | | | | | | | | | | |
| | 101 | | | | | | | | | | |
| | 102 | | | | | | | | | | |
| | 103 | | | | | | | | | | |
| | 104 | | | | | | | | | | |
| | 105 | | | | | | | | | | |
| | 106 | | | | | | | | | | |
| | 107 | | | | | | | | | | |
| | 108 | | | | | | | | | | |
| | 109 | | | | | | | | | | |
| | 110 | | | | | | | | | | |
| | 111 | | | | | | | | | | |
| | 112 | | | | | | | | | | |
| | 113 | | | | | | | | | | |
| | 114 | | | | | | | | | | |
| | 115 | | | | | | | | | | |
| | 116 | | | | | | | | | | |
| | 117 | | | | | | | | | | |
| | 118 | | | | | | | | | | |
| | 119 | | | | | | | | | | |
| | 120 | | | | | | | | | | |
| | 121 | | | | | | | | | | |
| | 122 | | | | | | | | | | |
| | 123 | | | | | | | | | | |
| | 124 | | | | | | | | | | |
| | 125 | | | | | | | | | | |
| | 126 | | | | | | | | | | |
| | 127 | | | | | | | | | | |
| | 128 | | | | | | | | | | |
| | 129 | | | | | | | | | | |
| | 130 | | | | | | | | | | |
| | 131 | | | | | | | | | | |
| | 132 | | | | | | | | | | |
| | 133 | | | | | | | | | | |
| | 134 | | | | | | | | | | |
| | 135 | | | | | | | | | | |
| | 136 | | | | | | | | | | |
| | 137 | | | | | | | | | | |
| | 138 | | | | | | | | | | |
| | 139 | | | | | | | | | | |
| | 140 | | | | | | | | | | |
| | 141 | | | | | | | | | | |
| | 142 | | | | | | | | | | |
| | 143 | | | | | | | | | | |
| | 144 | | | | | | | | | | |
| | 145 | | | | | | | | | | |
| | 146 | | | | | | | | | | |
| | 147 | | | | | | | | | | |
| | 148 | | | | | | | | | | |
| | 149 | | | | | | | | | | |
| | 150 | | | | | | | | | | |